

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 45—Division of Developmental Disabilities
Chapter 7—Standards for Provider Contracts**

PROPOSED RULE

9 CSR 45-7.010 Definitions

PURPOSE: This rule defines terms used in this chapter regarding standards for provider contracts.

- (1) Accreditation—A designation achieved by a provider participating in a review of practices and programs conducted by the accrediting body based on international standards. The accrediting bodies recognized by the Division are the CARF International (CARF) and Council for Quality and Leadership (CQL).
- (2) Action Plan Tracking System (APTS)—A database used by the Division to track issues requiring resolution as well as positive practices identified through Integrated Quality Functions. Issues tracked are identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.
- (3) Amendment—The practice of adding a new service, site or additional contract to an existing contract.
- (4) Certification—A process used by the Division of Developmental Disabilities to review and approve specified providers for participation and funding through the Home and Community Based Medicaid Waiver program. Certification provides deemed status for licensure so both credentials are not required. Certification is granted for a two (2)-year period.
- (5) Conditional Status – A status granted by Certification to a provider following a site survey by the department that determines that there are pervasive and/or significant deficiencies with standards that may affect quality of care to individuals and there is a reasonable expectation that the provider can achieve compliance within a stipulated time period.
- (6) Critical Status Plan—Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected.
- (7) Customer Information Management, Outcomes, and Reporting System (CIMOR)—A Department of Mental Health database that ensures better quality service for customers and better access to data.

(8) Customer Information, Management, Outcomes, and Reporting Event Management Tracking System (CIMOR EMT)—A Department database which contains information from event reports as required by 9 CSR 10-5.206.

(9) Department of Mental Health (Department)—The Department of Mental Health is organizationally comprised of two (2) program divisions that serve approximately one hundred fifty thousand (150,000) Missourians annually. State law provides three (3) principal missions for the Department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

(10) Division of Developmental Disabilities (Division)—A division of the Department of Mental Health which serves a population that has developmental disabilities such as intellectual disabilities, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities.

(11) Family Care Safety Registry (FCSR)—A Department of Health and Senior Services interface with the data systems maintained by the State Highway Patrol, Department of Social Services, Department of Mental Health, and various units within the Department of Health and Senior Services. People wishing to hire a child care, elder care or personal care worker may obtain background screening information about a caregiver from the FCSR.

(12) Health Insurance Portability and Accountability Act (HIPAA)—Federal HIPAA regulations require that all HIPAA covered entities safeguard the privacy and security of protected health information or PHI and prevent PHI from being disclosed without appropriate authorization. PHI includes any individually identifiable health information that is transmitted or maintained in any form or medium, by a covered entity, health plan or clearinghouse as defined by HIPAA.

(13) Individual—A person who has been found eligible for services with the Division of Developmental Disabilities.

(14) No Growth Status—Status implemented by the Division for placing a hold on service growth for a contracted provider. This assures that the provider is not expanding services and allows the provider time to make necessary adjustments to focus on the quality of current services.

(15) No Referral Status—Status implemented by the Division for placing a hold on referrals of new individuals to receive services from a contracted provider.

(16) Provider—Any entity or person applying to be contracted with, or already contracted with, the Division.

(17) Provider Improvement Plan—Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the

Action Plan Tracking System (APTS) and Customer Information Management, Outcomes, and Reporting system (CIMOR), as well as other available monitoring data. Provider improvement plans are written for the purpose of increasing performance above current levels, increasing overall system improvement, or putting processes into place to prevent an issue from developing into a more serious situation.

(18) Provisional Certificate—An initial certificate granted for a period not to exceed one (1) year to a new provider or service, a converted agency or provider, or an existing provider adding a waived service.

(19) Termination—Dissolution of contract between the Division and a contracted provider.